

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH PTO-375)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				
2		1				
3		1				
4		1				
5		2				
6		2				
7		2				
8		2				
9		2				
10	1					
11		1				
12	1					
13		1				
14	1					
15		1				
16	1					
17		1				
18	1					
19		2				
20		2				
21		2				
22		2				
23	1					
24		1				
25	1					
26		2				
27		2				
28		2				
29	1	1				
30			1			
31				1		
32			1			
33				1		
34				1		
35				1		
36				1		
37				1		
38				1		
39			1			
40				1		
41			1			
42				1		
43			1			
44				1		
45			1			
46				1		
47			1			
48				1		
49				1		
50				1		
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1		
52			1			
53				1		
54			1			
55				1		
56				1		
57				1		
58				1		
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97						
98						
99						
100						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.		←	20	←		←
TOTAL CLAIMS			24			